

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH:

County Caroline
 City or town Ridgely
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25.2 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

M

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

It less than one day

91

7

18

hrs.

min.

9. Birthplace

Delaware
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date hereof

(month) (day) (year)

Cemetery or

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19

48

May E. Laird

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 29, 1948

at

4:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 28, 1948

to

May 29, 1948

and that I last saw him alive on

May 28, 1948

Immediate cause of death

① An circulatory failure

DURATION

1 wk

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

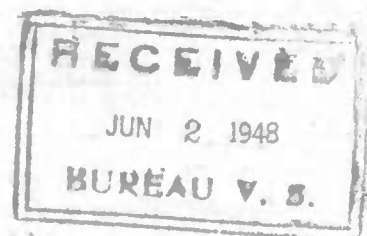
Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:

County CarolineCity or town Greensboro
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution? 3 years

3. (a) FULL NAME

Henry M. Chairs

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Pamela Chairs

7. Birth date of deceased (mo., day, yr.)

Mar 20, 1856

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

9224

hrs.

min.

9. Birthplace

St. Michael, Md
(Town, county, and state)

10. Usual occupation

labor

11. Industry or business

MOTHER FATHER

12. Name

Unknown

13. Birthplace

Unknown

14. Maiden name

Unknown

15. Birthplace

Unknown

16. Informant

Rev. Thomas S. Nixon

Address

Greensboro Md.

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

May 26-1948
(month) (day) (year)

Cemetery or crematory

St. Michael

Location

St. Michael

18. Funeral director

Norman H. Marshall

Address

St. Michael, Md.

19.

May 24, 48
(Date rec'd by registrar)L. M. Pepin
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Maryland County CarolineCity or town Greensboro
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name War

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 19 48 at 6:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 22 19 48 to May 24 19 48
and that I last saw him alive on May 24 19 48

Immediate cause of death

Acute Myocarditis

DURATION

Due to

Chronic Coronary Disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE

Address

M. D. or other

Date signed May 24 48



Miss May Piper
Ice Cream Plant

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County CarolineCity or town near Denton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town near 1
(If outside city or town limits, write RURAL and give nearest town)Street No. Denton - Burrowsville Rd.
(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

Bonnie Lou Cole

3. (b) Social Security Number

4. Sex

7

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

November 20, 1942

8. AGE:

Years

Months

Days

If less than one day

561

hrs.

min.

9. Birthplace

Denton, Tallot, Ind.
(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

5/241948

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 211948at 11 A

M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw h..... alive on

19

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

accident

Date of

5/21/48

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Public place

Means of injury

Drowning

Injured at work?

23. SIGNATURE

Amerson O. George
Deputy Medical Examiner

M. D. or other

Address

Denton

Date signed

5/24/48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

183

04830
62

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Caroline
 City or town near Denton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town near Denton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Denton - Bessie Rd.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Cornie Sue Cole

3. (b) Social Security Number

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife
 7. Birth date of deceased (mo., day, yr.) November 20, 1942
 8. AGE: Years 5 Months 6 Days 1 If less than one day
 hrs. min.

9. Birthplace Denton, Tallbot, Ind.
 (Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER
 12. Name William Cole
 13. Birthplace Bridgton, Ind.
 14. Maiden name Stella Shaffer
 15. Birthplace Denton, Ind.

16. Informant William ColeAddress Denton, Maryland

17. Burial Date thereof May 25, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory DentonLocation Denton, Ind.18. Funeral director Virgil MooresonAddress Denton, Ind.19. 5/24 19 48 Mrs. D.O. George

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 19 48 at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19....., to.....19.....

and that I last saw him alive on.....19.....

Immediate cause of death..... DURATION

Drowning - accidental Daddy

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accidental Date of 5/21/48Where did injury occur? near Denton, Caroline, Ind.

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Public PlaceMeans of injury Drowning Injured at work?23. SIGNATURE Denton M. D. or otherAddress Denton Date signed 5/24/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04831

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:

County Caroline
City or town Greensboro
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 weeks
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Ind County Talbot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
Street No. Hanson
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

William Collison

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male white married

6. (b) Name of husband or wife Nettie Collison

7. Birth date of deceased (mo., day, yr.) 7 7 1880 6. (c) If alive, give age years

8. AGE: Years Months Days If less than one day
68 7 7 hrs. min.

9. Birthplace Talbot Co. Md.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

12. Name Unknown

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace "

16. Informant Mrs. James Patchett

Address Easton, Ind.

17. Burial Date thereof May 5, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton Md.

18. Funeral director Maurice E. Newman

Address Easton Md.

19. May 15 19 48 L. M. Pippin
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3, 19 48 at 4:54 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 21, 19 48 to May 3 19 48
and that I last saw him alive on May 2, 19 48

Immediate cause of death Systolic cerebral analysis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

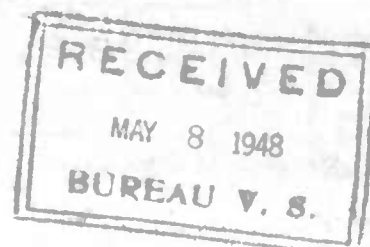
23. SIGNATURE Charles H. Stouffer M.D. or other

Address Greensboro, Md. Date signed 5/4/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

048832

Reg. Dist. No. 61

1. PLACE OF DEATH:

County..... Caroline
 City or town..... Greensboro Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 10 Yrs.
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?..... X

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... Maryland County..... Caroline
 City or town..... Greensboro Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... X

3. (a) FULL NAME

Emma Dyer
 4. Sex..... F. 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Widowed

6.(b) Name of husband or wife..... James Dyer

7. Birth date of deceased (mo., day, yr.)..... April 15, 1863
 6.(c) If alive, give age..... years

8. AGE: Years..... 85 Months..... 0 Days..... 21
 If less than one day..... hrs. min.

9. Birthplace..... Smyrna, Delaware
 (Town, county, and state)

10. Usual occupation..... Housewife

11. Industry or business..... X

12. Name..... Wesley North

13. Birthplace..... Delaware

14. Maiden name..... Ruthanna Dyer

15. Birthplace..... Delaware

16. Informant..... Mrs. George Hughes

Address..... Greensboro, Maryland.

17. Burial Date thereof..... 5/9/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Greensboro

Location..... Greensboro, Maryland.

18. Funeral director..... Raymond B. Rawlings

Address..... Greensboro, Maryland.

19. May 7, 1948 L. McPippen
 (Date rec'd by Registrar) Registrar

3. (b) Social Security Number

X

MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 6 th. 1948 at 335 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
April 1 1948 to May 6 1948
 and that I last saw her alive on May 5 1948

Immediate cause of death.....
Influenza & Bronchitis

Due to.....

Due to.....

Other conditions.....
Arterio Sclerotic
C.V. Disease
 (Include pregnancy within 8 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... Charles X. McPippen
 M.D. or other

Address..... Greensboro, Md Date signed..... May 6, 1948

RECEIVED

MAY 8 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04833

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline
 City or town Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Houston Branch Road
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Houston Branch Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Mr. Harry Fearins

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife M. Emma Fearins
 6. (c) If alive, give age 52 years
 7. Birth date of deceased (mo., day, yr.) December 15, 1886
 8. AGE: Years 61 Months 4 Days 25 If less than one day
hrs.min.

9. Birthplace Caroline County, Maryland
 (Town, county, and state)
 10. Usual occupation Farmer
 11. Industry or business Farm

FATHER 12. Name Henry Fearins
 13. Birthplace Caroline County, Maryland
 MOTHER 14. Maiden name Mollie Murphy
 15. Birthplace Caroline County, Maryland

16. Informant Mrs. M. Emma Fearins
 Address Federalburg, Maryland, R.F.D.

17. Burial Date thereof May 13, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory High Crest Cemetery
 Location Federalburg, Maryland

18. Funeral director J. J. Frampton and Son
 Address Federalburg, Maryland

19. May 12 19 48 J. J. Frampton
 (Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 19 48 at 4:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 3rd 19 47 to May 10th 19 48
 and that I last saw him alive on May 10 19 48

Immediate cause of death
Myocardial Infarction
Chronic Myocarditis
Diabetes Mellitus
 Due to Chronic Myocarditis DURATION 13 MO.
 Due to Diabetes Mellitus 7 yr

Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE W. E. Gorman M.D. M. D. or other
 Address Federalburg, Md. Date signed 6-12-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04834

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline
City or town Denton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 35 years
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
City or town Denton
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Harvey Fleetwood, Sr.

3. (b) Social Security Number

4. Sex m 5. Color or race or 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Elizabeth Jones Fleetwood

7. Birth date of deceased (mo., day, yr.) Dec. 21st 1889 6. (c) If alive, give age _____ years

8. AGE: Years 58 Months 5 Days 7 If less than one day _____ hrs. _____ min.

9. Birthplace Balto. Maryland
(Town, county, and state)

10. Usual occupation Merchant

11. Industry or business _____

12. Name Augustus Fleetwood

13. Birthplace Essex Land

14. Maiden name Sallie Gaterfield

15. Birthplace Maryland

16. Informant William Fleetwood

Address 1 Denton Md

17. Buried Date thereof 5-31-48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Denton Cemetery

Location 1 Denton Md

18. Funeral director J. Thigb. Mason & Son

Address Denton Md

19. 5731 1948 Geo. G. George
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1948, at 5 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19_____, to _____ 19_____,

and that I last saw h. _____ alive on _____ 19_____,

Immediate cause of death _____ DURATION _____

Cardiac Occlusion Sudden

Due to Hypertension 19yr

Due to Arterio Sclerosis 24yr

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

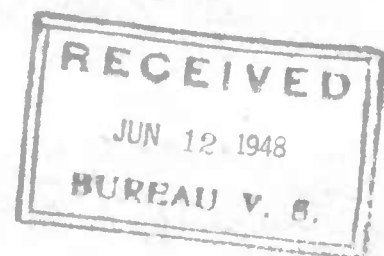
23. SIGNATURE Wm. G. George M. D. or other _____

Address Denton Date signed 5/31/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

160C

04835

Reg. Dist. No. 62

1. PLACE OF DEATH: *Barneine*
County *Rural Denton*
City or town *Denton*
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State *Maryland* County *Caroline*
City or town *Rural - Denton* Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. *Lynchburg*
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME *Infant Hutchins*

3. (b) Social Security Number

4. Sex *Female* 5. Color or race *Col.* 6. (c) Single, married, widowed, or divorced *single*

8 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) *May 13 - 1948*

8. AGE: Years Months Days If less than one day
one hrs. min.

9. Birthplace *Denton Md*
(Town, county, and state)

10. Usual occupation *none*

11. Industry or business

12. Name *Harry Hutchins*

13. Birthplace *Denton*

14. Maiden name *Helen Matthews*

15. Birthplace *Denton Md*

16. Informant *Harry Hutchins*

Address *Denton Md.*

17. *Burial* Date thereof *May 14, 1948*
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory *Bells Chapel Cemetery*

Location *Bells Chapel*

18. Funeral director *Fallick*

Address *Denton*

19. *5/14* 19 *48* *Miss George*
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH *May 13* 19 *48*, at *12 P* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *May 13* 19 *48* to *May 13* 19 *48*
and that I last saw him alive on *May 13* 19 *48*

Immediate cause of death *Prematurity*

Due to *Premature separation placenta -*

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE *J. Paul Smith M.D.*
Address *Denton Md*

M. D. or other *5/14/48*
Date signed

PHYSICIAN

Please underline the cause to which death should be charged statistically.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 17 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 63

04836

1. PLACE OF DEATH:

County Caroline
 City or town Preston - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Near Harmony
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Preston - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Near Harmony
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

M. Lena McNeal

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife John P. McNeal
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) April 3, 1880
 8. AGE: Years 68 Months 1 Days 13 If less than one day _____ hrs. _____ min.

9. Birthplace Caroline County, Maryland
 (Town, county, and state)
 10. Usual occupation Housework
 11. Industry or business Home
 12. Name Agnes Doubler
 13. Birthplace Wyoming County, Pennsylvania
 14. Maiden name Agnes Laid
 15. Birthplace Germany

16. Informant Herbert McNeal
 Address Preston, Maryland, R.F.D.
 17. Burial Date thereof May 19, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Hill Cross Cemetery
 Location Federalsburg, Maryland
 18. Funeral director J.P. Thompson & Son
 Address Federalsburg, Maryland
 19. May 18 48 Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1948 at 7 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____, to _____ 19 _____, and that I last saw him _____ alive on _____ 19 _____.

Immediate cause of death _____ DURATION _____
Causes of Stomach & Liver 5 weeks

Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work?

23. SIGNATURE Agnes J. Laid M. D. or other _____
Deputy Medical Examiner
 Address Preston Date signed 5/16/48

RECEIVED
MAY 21 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County CarolineCity or town Rural Hobbs
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind County CarolineCity or town Rural - Hobbs
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Manning Merriken7. Birth date of deceased (mo., day, yr.) Aug 30, 18738. AGE: Years 74 Months 8 Days 3 If less than one day _____ hrs. _____ min.9. Birthplace Federalburg, Caroline, Ind.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business _____

12. Name Daniel W. Moore13. Birthplace Federalburg14. Maiden name Louisa E. Wright15. Birthplace Federalburg16. Informant Mr. Manning MerrikenAddress R.F.D. Depton, Ind.17. Burial Date thereof May 4, 1948
(Burial, cremation, or removal Which?) (month) (day) (year)Cemetery or crematory DeatonLocation Deaton, Ind.18. Funeral director Isabel MoresonAddress Deaton, Ind.19. 5/14 19 48 Dr. O. O. Gage
(Date rec'd by registrar) Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 19 48 at 3 A. M21. I CERTIFY that death occurred on the date above stated: that I attended deceased from April 29 19 48 to May 3 19 48 and that I last saw her alive on May 2 19 48Immediate cause of death arterio sclerosis DURATION 4 years

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury SP Injured at work? _____23. SIGNATURE Dr. Paul Wootts M.D. M. D. or other _____Address Deaton Ind Date signed 5/3/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAY 10 1943

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. ✓

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04838

Reg. Dist. No. 61

1. PLACE OF DEATH:

County Caroline
 City or town Greensboro
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 Yrs.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution? X

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Greensboro
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war World War # 1

3. (a) FULL NAME

Harry M. Price

3. (b) Social Security Number

218-16-6765

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Lidia
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Sept. 20, 1893
 8. AGE: Years 54 Months 8 Days 2 If less than one day _____ hrs. _____ min.

9. Birthplace Ingleside, Caroline, Md.
 (Town, county, and state)
 10. Usual occupation Laborer
 11. Industry or business X

12. Name George Price
 13. Birthplace Delaware
 14. Maiden name Mary E. Seeney
 15. Birthplace Maryland

16. Informant Dorothy Marie Melvin
 Address 240 Delaware Ave. Harrington, Del.
 17. Burial Date thereof 5/ 25/ 48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Greensboro
 Location Greensboro, Maryland.

18. Funeral director Raymond B. Rawlings
 Address Greensboro, Maryland.
 19. May 24, 1948 S. M. Pippin
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22, 1948 at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1, 1948 to May 22, 1948
 and that I last saw him alive on May 21, 1948

Immediate cause of death Crown Atherosclerosis
 Due to Arteriosclerosis
 Due to Arteriosclerosis
 Other conditions _____
 (Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Robert H. Stover M. D. of date May 24, 1948
 Address Greensboro, Md. Date signed May 24, 1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH:

County Caroline
 City or town Marydel
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 40 Yrs.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution? X

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town Marydel
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war X

3. (a) FULL NAME

James H. Scotten

3. (b) Social Security Number

X

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

MaleWhiteMarried6. (b) Name of husband or wife Florence Scotten6. (c) If alive, give age 62 years7. Birth date of deceased (mo., day, yr.) April 11, 18858. AGE: Years Months Days If less than one day
63 1 8 hrs. min.9. Birthplace Hartley, Kent, Delaware.
(Town, county, and state)10. Usual occupation Realitor11. Industry or business X12. Name Philemon Scotten13. Birthplace Delaware14. Maiden name Rebecca Hutchens15. Birthplace Delaware16. Informant Florence ScottenAddress Marydel, Maryland.17. Burial Date thereof 5/22/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory TemplevilleLocation Templeville, Maryland.18. Funeral director Raymond B. RawlingsAddress Greensboro, Maryland.19. May 20 48 A. C. Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19, 1948 at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on _____, 19____, to _____, 19____

Immediate cause of death _____

DURATION

Hemorrhage Sudden

Due to _____

Due to Lacerated Throat -Large Artery & Vein Severed

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide suicide Date of 5/19/48Where did injury occur? Marydel Caroline Ind
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury Lacerated Throat Injured at work? no23. SIGNATURE Amos T. GeorgeAddress Deputy Medical Examiner M. D. or other _____Date signed 5/20/48

RECEIVED

MAY 29 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:

County Caroline
 City or town Greensboro
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 weeks
 Hospital, institution, or street address where death occurred:
Stewarts Nursing Home
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Talbot
 City or town Easton (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Bessie M. Smith

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widow

6. (b) Name of husband or wife

Victor C. Smith

7. Birth date of deceased (mo., day, yr.)

Nov. 1, 1878

8. AGE: Years Months Days If less than one day

69 6 28 hrs. min.

9. Birthplace

Longwood, Talbot Co.
 (Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

J. J. Rowens

12. Name

Talbot Co. Md.

13. Birthplace

Mary E. Strong

14. Maiden name

Newcastle Del

15. Birthplace

Mr. Thomas Smith

16. Informant

Easton, Md.

Address

Burial

17. (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)

June 1-1948

Cemetery or crematory

Spring Hill

Location

Easton Md

18. Funeral director

Maurice E. Hooper, Jr.

Address

Easton Md.

19. (Date rec'd by registrar)

May 31, 1948L. M. Pizzini

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29, 1948 at 8:21 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 19, 1948 to May 29, 1948and that I last saw her alive on May 28, 1948

Immediate cause of death

Carcinoma of Breast

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

Date signed May 31, 1948

RECEIVED

JUN 2 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Write correct age in correct place. Write cause of death clearly and legibly. is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04841

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline
 City or town Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Houston Branch Road
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Houston Branch Road
 (If rural, give LOCATION)
 2. (a) ☒ If veteran, name war World War I

3. (a) FULL NAME

Lewis M. Thomas

3. (b) Social Security Number

213-18-5667

4. Sex <u>Male</u>	5. Color or race <u>Colored</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>	
6. (b) Name of husband or wife <u>Lennie M. Thomas</u>			
7. Birth date of deceased (mo., day, yr.) <u>January 22, 1898</u>			
8. AGE: Years Months Days It less than one day <u>50</u> <u>3</u> <u>26</u> hrs. min.			
9. Birthplace <u>Federalburg, Caroline County, Maryland</u> (Town, county, and state)			
10. Usual occupation <u>Day Laborer</u>			
11. Industry or business <u>Farm</u>			
12. Name <u>Howard L. Thomas</u>			
13. Birthplace <u>Caroline County, Maryland</u>			
14. Maiden name <u>Sarah Cephas</u>			
15. Birthplace <u>Caroline County, Maryland</u>			
16. Informant <u>Mrs. Ossie Scott</u> Address <u>Federalburg, Maryland</u>			
17. <u>Burial</u> Date thereof <u>May 21, 1948</u> (Burial, cremation, or removal. Which?) (month) (day) (year)			
Cemetery or crematory <u>Federal Hill Cemetery</u>			
Location <u>Federalburg, Maryland</u>			
18. Funeral director <u>J. J. Frampton and Son</u> Address <u>Federalburg, Maryland</u>			
19. <u>May 20</u> 19 <u>48</u> <u>J. J. Frampton</u> (Date rec'd by registrar) Registrar			

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 19 48 at 10:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw him alive on 19

Immediate cause of death Acute Myocarditis DURATION Sudden

Due to Arterio Sclerosis ?

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Heart Attack at work?

23. SIGNATURE Wm. D. George M. D. or other
Wm. D. George Date signed 5/19/48

